
HOLLERAN

EXECUTIVE SUMMARY:

State Public Health System Performance Assessment *for New Jersey*



*Final Report Prepared by
Holleran
December 18, 2009*

TABLE OF CONTENTS

A. BACKGROUND	3
B. ASSESSMENT PROCESS	4
C. SUMMARY OF FINDINGS	5
D. CONCLUSIONS	11

A. BACKGROUND

In early 2009, the state of New Jersey made a commitment to undertake the State Public Health System Performance Assessment (SPHSPA). New Jersey is the 25th state in the country to utilize the state assessment instrument. The SPHSPA is one of three assessments that make up the National Public Health Performance Standards Program (NPHPSP). The NPHPSP is a collaborative effort of seven national partners, the U.S. Centers for Disease Control and Prevention (CDC), Association of State and Territorial Health Officials (ASTHO), and National Association of County and City Health Officials (NACCHO) among them.

The ultimate purpose of the NPHPSP and the three assessments (State, Local and Governance) is to improve the practice of public health and the performance of public health systems. Each assessment is based on the framework of the ten Essential Public Health Services. The Essential Services represent the spectrum of public health activities that should be provided in any jurisdiction.

The ten Essential Services are as follows.

1. **Monitor** health status to identify community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate, and empower** people about health issues
4. **Mobilize** community partnerships to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts
6. **Enforce** laws and regulations that protect health and ensure safety
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable
8. **Assure** a competent public and personal health care workforce
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services

10. **Research** for new insights and innovative solutions to health problems

There are four Model Standards for each of the ten Essential Public Health Services (EPHS). Each Model Standard represents an ideal or optimal standard of performance. The Model Standards are:

- Planning and Implementation
- State-Local Relationships
- Performance Management and Quality Improvement
- Public Health Capacity and Resources.

The State assessment was conducted utilizing three separate evaluation tools. The primary tool was SPHSPA instrument that evaluates the state against an ideal or optimal standard of performance. The full state instrument includes several hundred items, organized in multiple sections and subsections. The second tool utilized was the “Agency Contribution” questionnaire, which assesses the extent to which the state public health agency (New Jersey Department of Health & Senior Services) contributes to a particular Essential Public Health Service. The final tool was the “Prioritization Questionnaire” which engages representatives from throughout the state in a prioritization of the Essential Public Health Services and their accompanying standards.

The ultimate goal is to identify areas of focus not only through an evaluation of how New Jersey is performing, but also with respect to the relative importance of each of these areas within the state’s public health system.

Further information on the National Public Health Performance Standards Program can be found at <http://www.cdc.gov/od/ocphp/nphpsp>.

B. ASSESSMENT PROCESS

On April 23 and 24, 2009, 97 individuals from throughout the state of New Jersey convened to participate in the State Public Health System

Performance Assessment (SPHSPA). Following an initial assessment orientation and overview, participants were assigned to smaller breakout groups for the remaining day and a half. Each group consisted of between 16 and 21 individuals and there were a total of five breakout groups. Each of the five groups was assigned to two of the ten Essential Public Health Services (EPHS), completing one each day. Participants were designated to the respective breakout groups depending on their background and ability to contribute to their particular EPHS. Participants completed the state assessment instrument during this day and a half period.

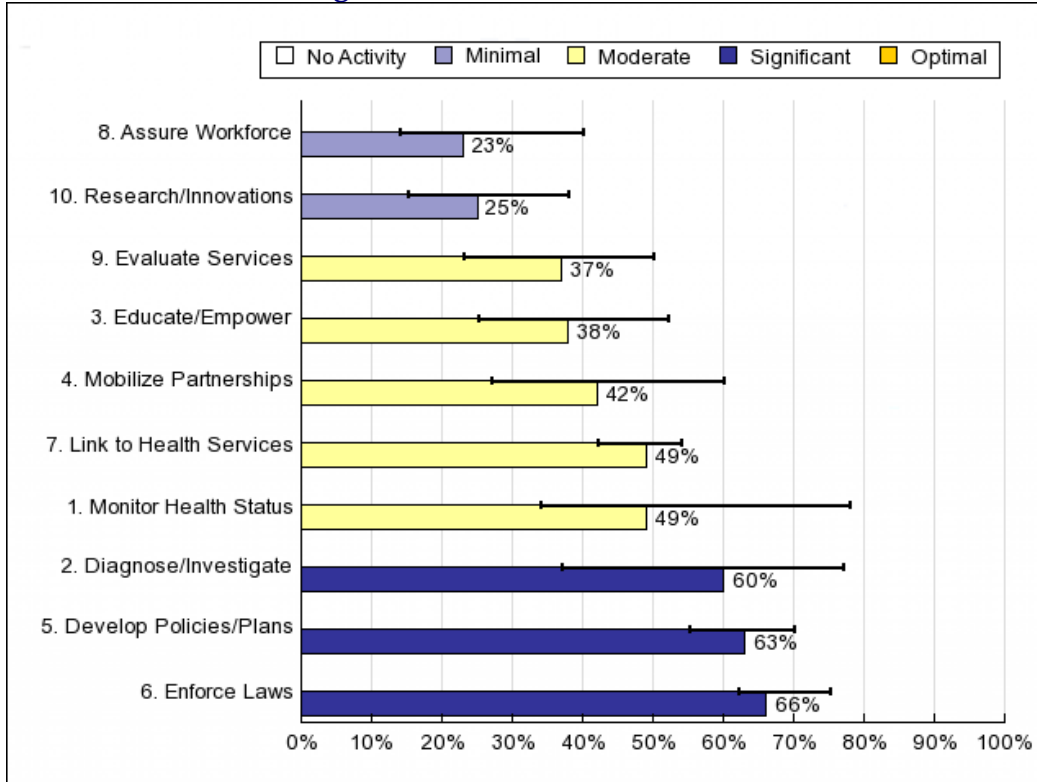
The “Agency Contribution” questionnaire was also completed during the April meetings. The items from within this questionnaire were integrated into the small-group discussions.

The final component, the “Prioritization Questionnaire” was completed on October 8, 2009. Approximately 64 individuals participated in a facilitated discussion with the objective of prioritizing the 10 Essential Public Health Services and related Model Standards for New Jersey. The prioritization exercise took place as part of New Jersey’s Annual Conference of State and Local Health Officials. Approximately 40% of the participants from the April statewide assessment also attended the October 8th conference. New Jersey elected to complete the questionnaire via a combination of qualitative discussion and quantitative ratings.

C. SUMMARY OF FINDINGS

The following bar graph outlines the average score within each of the ten EPHS. These scores can potentially range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a 100% (all activities associated with the standards are performed at optimal levels). The range bars show the minimum and maximum values of the four Model Standard scores within each Essential Service.

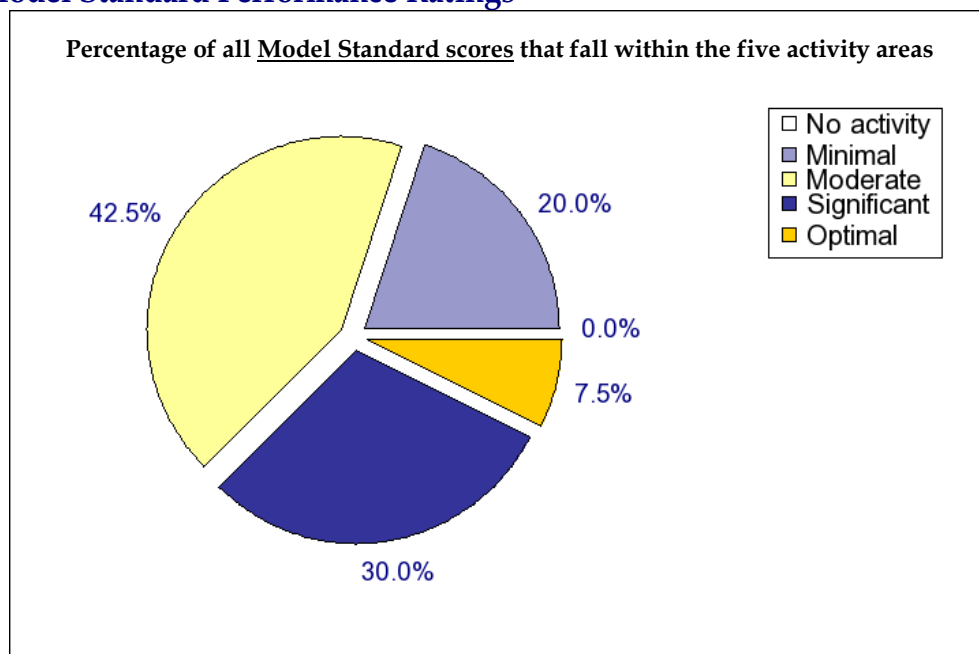
Essential Service Ratings



Examination of the graphs shows that the overall average for the entire assessment is 45%. This translates into the “moderate activity” category of attainment. Half of the EPHS fall into the “moderate activity” category, three in the “significant activity” designation and two of the Essential Services reveal ratings of “minimal activity.” The EPHS with the greatest variation across the four Model Standard ratings is Essential Service 1, “Monitor Health Status.” The least variation is seen with Essential Service 6 (Enforcement of Laws) and Essential Service 7 (Link to Health Services).

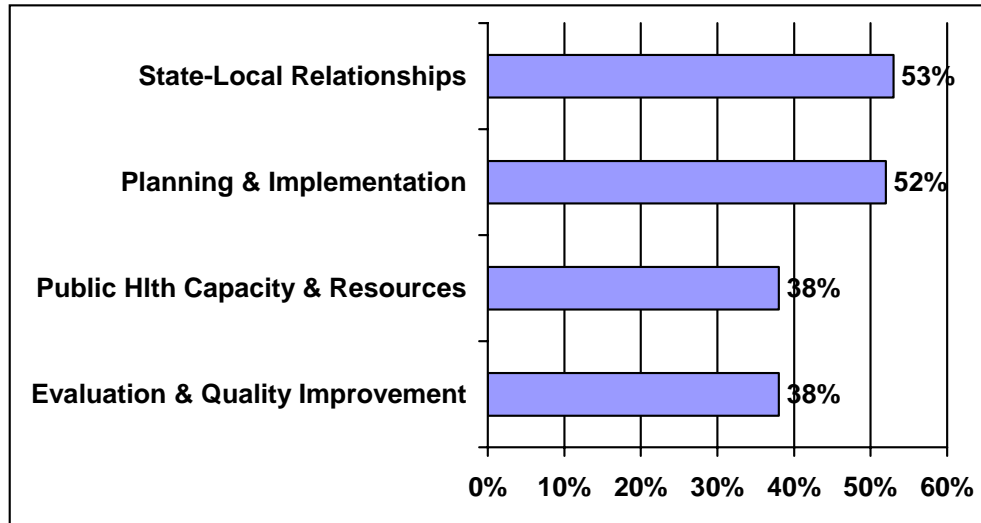
The following graph shows a breakdown of all Model Standard ratings along with their respective categories of attainment. For the Model Standard ratings, no ratings of “no activity” were given and the largest proportion was rated as “moderate activity.” On a positive note, 7.5% were viewed as “optimal activity.”

Model Standard Performance Ratings



As outlined by the graph below, of the four Model Standards, “State-Local Relationships” garnered the highest ratings, although only slightly higher than the “Planning and Implementation” Model Standard. “Performance Management and Quality Improvement” along with “Public Health Capacity and Resources” were tied for the lowest rating.

Model Standard Ratings



The following bullets outline overarching key performance areas of strength, as well as areas for potential growth, within New Jersey's state public health system.

Areas of strength



Enforcement of laws and regulations



Development of policies and plans



Diagnosis and investigation of health problems and potential health threats, particularly the state-local relationships



Emergency preparedness activities



Planning and implementation efforts for monitoring health status

When examining the agency contribution ratings, the New Jersey Department of Health & Senior Services, was rated as contributing significantly (75% and above) to the majority of the strengths listed above.

Areas for growth



Workforce planning and development activities



Research activities and innovations



Coordination among agencies and organizations (reduction of silos)



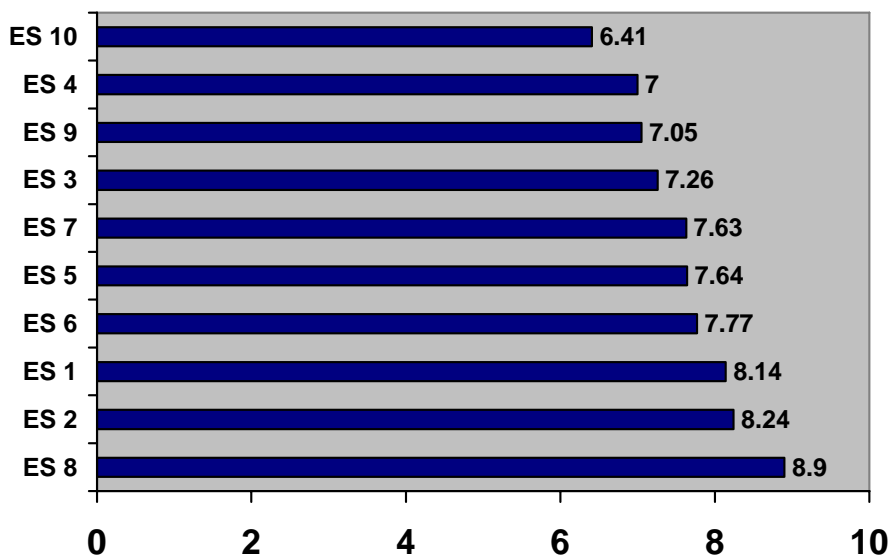
Technological capabilities

The areas for growth noted above are rated as areas that require multi-agency contribution in order to attain optimal performance. NJDHSS is perceived as having only a minimal role in contributing to the effectiveness of these areas in the overall state public health system and is only one of many partners that are needed to participate in order to improve the above areas.

Despite the list of opportunities above, the results from the prioritization exercise demonstrate that not all of the areas identified were regarded as being of equal importance. The following graph outlines the prioritization ratings for the ten Essential Public Health Services. The services are ranked from lowest (ES 10) to highest priority (ES 8).

E3. Ratings for Ten Essential Services

ES=Essential Service



The Essential Service garnering the highest priority rating is ES 8, which is “Assuring a competent public and personal health care workforce.” There was little group discussion on this topic as the attendees were all in agreement that New Jersey’s workforce issues are of utmost importance moving forward. As one attendee stated, “This has to be the top priority. Without the people, nothing else will happen.” This Essential Service also falls into the category of low performance, based on the results of the April assessment. Therefore, attendees view the workforce as an area of utmost importance and one where New Jersey is under-performing compared to the optimal public health system. Essential Service 10 was seen as the lowest priority among all the Essential Services ranked.

D. CONCLUSIONS

Based on the results of both the priority questionnaire and the state assessment that rates performance, the public health workforce was considered to be the highest priority and the area needing the most attention in New Jersey's public health system. It was perceived as an area where minimal improvement activity has taken place across New Jersey to date.

Assessment participants also felt it would be important to maintain the current level of activity covered in Essential Services 1 (Monitor Health Status), 2 (Diagnose/Investigate), 5 (Develop Policies/Plans), 6 (Enforce Laws), and 7 (Link to Health Services). This includes monitoring activities, diagnosis and investigation of health threats, policy and plan development, law/regulatory enforcement, and linking people to needed health services. These are areas where New Jersey rates high in its performance levels. Therefore participants feel the level of activity in these areas is in alignment with the priority level.

The remaining four Essential Services, 3 (Educate/Empower), 4 (Mobilize Partnerships), 9 (Evaluate Services), and 10 (Research/Innovations) demonstrate moderate to minimal performance activity, which according to the priority ratings, is acceptable in New Jersey. While some of these activities could be improved to increase the performance scores, their priority rankings were not as high as the other six Essential Services.

Lastly, it should also be noted that within all of the 10 Essential Services, technological improvements and innovations were considered to be lacking throughout the state public health system. Additionally, there appears to be great benefit in exploring solutions to each of the opportunity areas issues with each agency, organization, and jurisdiction going outside of its "silo" and taking a systems-wide, strategic approach to addressing the public health priorities for the State of New Jersey.

Deleted: ¶